IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF PUERTO RICO

IN RE	*	BKRTCY. NO. 21-02253/EAG
11116	*	
ROSA DE LOS SANTOS POLANCO	*	CHAPTER 13
ROOM DE LOS SILVI OS I SILVI	*	
DEBTOR		

DEBTOR'S NOTICE OF FILING OF AMENDED SCHEDULES "I "& "J" OFFICIAL FORM 106I & 106J

TO THE HONORABLE COURT:

COMES NOW, ROSA DE LOS SANTOS POLANCO, the Debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

1. The Debtor is hereby submitting *Amended Schedules "I" and "J"*, dated September 28, 2021, herewith and attached to this motion.

2. The Amendments Schedule "I" and "J" is filed to state the Debtor actual income and expenses.

NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)

Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

Page -2-Notice of Amended Schedules "I" & "J" Case no. 21-02253/EAG13

CERTIFICATE OF SERVICE

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 13 Trustee, the US Trustee's Office, and to all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the Debtor and to all creditors and interested parties appearing in the master address list (CM/ECF non-participants), hereby attached.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 28th day of September, 2021.

/s/Roberto Figueroa Carrasquillo
USDC #203614
RFIGUEROA CARRASQUILLO LAW OFFICE PSC
ATTORNEY FOR the DEBTOR
PO BOX 186 CAGUAS PR 00726
TEL NO 787-744-7699/787-963-7699
Email: rfc@rfigueroalaw.com

Filli	n this information to identify your cas	se:							
Deb	tor 1 ROSA DE LO	S SANTOS POLANC	0						
	tor 2				-				
Unit	ed States Bankruptcy Court for the:	DISTRICT OF PUERTO	O RICO, SAN JUAN		_				
Cas	e number 3:21-bk-2253				Che	eck if this is:			
(If kn						An amended	l filing		
					□	A supplement income as of			apter 13
Official Form 106I						MM / DD/ Y	/YY		
	chedule I: Your Inco								12/15
spot attac		snouse is not filing with	vou, do not include	informa	tion about	vour spous	e. If more s	pace is need	ied,
1.	Fill in your employment information.		Debtor 1				or non-filin	g spouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed ■ Not employed			□ Emplo ■ Not en	•		
	****	Occupation	n			SI (
	Include part-time, seasonal, or self-employed work.	Employer's name				A)		-	
	Occupation may include student or homemaker, if it applies.	. Employer's address				8			
		How long employed th	ere?			_			
Par	Give Details About Mon	thly Income							
Estin	mate monthly income as of the dates so	te you file this form. If yo	ou have nothing to repo	ort for any	line, write	\$0 in the spa	ce. Include y	our non-filing	spouse
If you	u or your non-filing spouse have more ee, attach a separate sheet to this form	e than one employer, comb n.	ine the information for	all emplo	yers for the	at person on t	he lines belo	w. If you nee	d more
					For D	ebtor 1	For Debto		
2.	List monthly gross wages, salary deductions). If not paid monthly, ca	y, and commissions (befalculate what the monthly v	ore all payroll vage would be.	2.	\$	0.00	\$	0.00	
3.	Estimate and list monthly overting	me pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross Income. Add line	e 2 + line 3.		4.	\$	0.00	\$	0.00	

Schedule I: Your Income page 1

Copy line 4 here 4. \$ 0.00 \$ 0.00 List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans For Debtor 1 For Debtor 2 or non-filling spouse \$ 0.00	
Copy line 4 here 4. \$ 0.00 \$ 0.00 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. S 0.00 \$ 0.00 5d. \$ 0.00 \$ 0.00 5d. \$ 0.00 \$ 0.00 5d. \$ 0.00 \$ 0.00	
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	
5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 \$ 0.00 \$ 0.00	
5c. Voluntary contributions for retirement plans 5c. \$ 0.00 \$ 0.00	
Voluntary Contribution for Contribution Figure	
0.00 ° 0.00 ° 0.00	
50. Required repayments of retirement terms	
5e. Insurance 5e. \$ 0.00 \$ 0.00	
5f. Domestic support obligations 5f. \$ 0.00 \$ 0.00	
5g. Union dues 5g. \$ 0.00 \$ 0.00	
5h. Other deductions. Specify: 5h.+ \$ 0.00 + \$ 0.00	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.00	
8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0.00 \$ 0.00	
8b. Interest and dividends 8b. \$ 0.00 \$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00	
8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00	
8e. Social Security 8e. \$ 891.00 \$ 1,015.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 0.00	
8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00	
8h. Other monthly income. Specify: 8h.+ \$ + \$ 0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 891.00 \$ 1,015.00	
10. Calculate monthly income. Add line 7 + line 9.	906.00
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	
11. State all other regular contributions to the expenses that you list in Schedule J.	
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly in	
13. Do you expect an increase or decrease within the year after you file this form?	action (CD)
Yes. Explain: Debtor will begin to receive social security benefits in the month of November 2021.	

Fill i	n this information to identify your case:			
Debt	or 1 ROSA DE LOS SANTOS POLANCO	Ch	eck if this is:	
	NOON DE BOOM D		An amended filing	
Debt	or 2		A supplement showi	ing postpetition chapter 13
(Spo	buse, if filing)		expenses as of the f	ollowing date:
Unite	ed States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAI DIVISION	N JUAN	MM / DD / YYYY	
Case	e number 3:21-bk-2253			
	nown)			
Of	fficial Form 106J			
Sc	chedule J: Your Expenses			12/15
Be a	as complete and accurate as possible. If two married people are formation. If more space is needed, attach another sheet to this formown). Answer every question.	iling together, both are equi rm. On the top of any addition	ally responsible for s onal pages, write you	upplying correct ir name and case number
Part	ls this a joint case?			
1.				
	■ No. Go to line 2. ☐ Yes, Does Debtor 2 live in a separate household?			
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for	or Separate Household of Deb	tor 2.	
2.	Do you have dependents?			
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	Do not state the			□ No
	dependents names.			☐ Yes
				□ No □ Yes
				□ No
				☐ Yes
		N		□ No
				☐ Yes
3.	Do your expenses include			
	expenses of people other than yourself and your dependents?			
	**			
Est	t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless your benses as of a date after the bankruptcy is filed. If this is a suppleblicable date.	u are using this form as a s mental <i>Schedule J</i> , check th	upplement in a Chap he box at the top of t	ter 13 case to report he form and fill in the
Inc	lude expenses paid for with non-cash government assistance if y	ou know the		
val	ue of such assistance and have included it on <i>Schedule I</i> : Your lificial Form 106I.)	ncome	Your exp	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	clude first mortgage 4.	\$	0.00
	If not included in line 4:			
	4a. Real estate taxes	4a.	. \$	0.00
	4b. Property, homeowner's, or renter's insurance	4b	. \$	0.00
	4c. Home maintenance, repair, and upkeep expenses		. \$	177.00
	4d. Homeowner's association or condominium dues		. \$	0.00
5.	Additional mortgage payments for your residence, such as hon	ne equity loans 5	. \$	0.00

Debt	tor 1 DE LOS	SANTOS POLANCO, ROSA	Case numb	er (if known)	3:21-bk-2253
6.	Utilities:				
0.		heat, natural gas	6a.	\$	170.00
		wer, garbage collection	6b.	\$	30.00
		e, cell phone, Internet, satellite, and cable services	6c.	\$	240.00
	6d. Other. Spe		6d.	\$	0.00
7.	media amatamina a	ekeeping supplies	— 7.	\$	534.00
8.		hildren's education costs	8.	\$	0.00
9.		ry, and dry cleaning	9.	\$	0.00
10.		roducts and services	10.	\$	0.00
	Medical and der		11.	\$	125.00
		Include gas, maintenance, bus or train fare.			100.00
	Do not include ca	ar payments.	12.		
13.	Entertainment,	clubs, recreation, newspapers, magazines, and books	13.		0.00
14.	Charitable cont	ributions and religious donations	14.	\$	65.00
15.	Insurance.				
		surance deducted from your pay or included in lines 4 or 20.	15a.	•	0.00
	15a. Life insura		15b.		271.00
	15b. Health ins		15b.		0.00
	15c. Vehicle ins		15d.	·	0.00
	15d. Other insu				0.00
	Specify: PR In		16.	\$	21.00
17.	Installment or le		17a.	•	0.00
	17a. Car payme		17b.		0.00
		ents for Vehicle 2	17b.	· //	53.00
	11 Politica 1 Po	ecify: Empresas Berrios	— 17d.		0.00
10	17d. Other. Spe	of alimony, maintenance, and support that you did not report as	— 17d.	Ψ	
10.	deducted from	your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payments	s you make to support others who do not live with you.		\$	0.00
	Specify:		19.		
20.		erty expenses not included in lines 4 or 5 of this form or on Schedu	ule I: You	r Income.	0.00
	20a. Mortgages	s on other property	20a.		0.00
	20b. Real estat		20b.		0.00
	20c. Property, I	homeowner's, or renter's insurance	20c.	i -	
		nce, repair, and upkeep expenses	20d.		0.00
	20e. Homeown	er's association or condominium dues	20e.	a	0.00
21.	Other: Specify:		21.	+\$	0.00
22.	Calculate your	monthly expenses		1000	
	22a. Add lines 4			\$	1,786.00
	22b. Copy line 2	22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
		a and 22b. The result is your monthly expenses.		\$	1,786.00
23	Calculate vour	monthly net income.			
20.	23a Copy line	12(your combined monthly income) from Schedule I.	23a.	\$	1,906.00
	23b Copy you	r monthly expenses from line 22c above.	23b.	-\$	1,786.00
	_00. 000, ,00.	Sales on C II			
	23c. Subtract y	your monthly expenses from your monthly income. It is your <i>monthly net income</i> .	23c.	\$	120.00
24.	Do you expect	an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect your eterms of your mortgage?	file this t mortgage p	orm? payment to incr	ease or decrease because of a
	Yes.	Explain here: NONE			

Debtor 1	ROSA DE LOS SA	OSA DE LOS SANTOS POLANCO				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	DISTRICT OF PUERTO	RICO, SAN JUAN DIVISION			
Case number	3:21-bk-2253					

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an atto	orney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have read the surthat they are true and correct. X ROSA DE LOS SANTOS POLANCO Signature of Debtor 1	X Signature of Debtor 2
Date September 28, 2021	Date

Case:21-02253-EAG13 Doc#:20 Filed:09/28/21 Entered:09/28/21 13:01:19 Desc: Main Document Page 8 of 8

Label Matrix for local noticing 0104-3 Case 21-02253-EAG13 District of Puerto Rico Old San Juan Tue Sep 28 10:20:44 AST 2021 Capital One Bank (USA), N.A. by American InfoSource as agent PO Box 71083

Firstbank Puerto Rico PO Box 11856 San Juan, PR 00910-3856

Charlotte, NC 28272-1083

Syncb/Sams Club DC PO Box 965005 Orlando, FL 32896-5005

MONSITA LECAROZ ARRIBAS
OFFICE OF THE US TRUSTEE (UST)
OCHOA BUILDING
500 TANCA STREET SUITE 301
SAN JUAN, PR 00901

ROSA DE LOS SANTOS POLANCO PMB 56 PO BOX 1283 SAN LORENZO, PR 00754-1283 US Bankruptcy Court District of P.R. Jose V Toledo Fed Bldg & US Courthouse 300 Recinto Sur Street, Room 109 San Juan, PR 00901-1964

Empresas Berrios Inc PO Box 674 Cidra, PR 00739-0674

Island Finance PO Box 71504 San Juan, PR 00936-8604

Syncb/Walmart PO Box 31293 Salt Lake City, UT 84131-0293

ROBERTO FIGUEROA CARRASQUILLO PO BOX 186 CAGUAS, PR 00726-0186

End of Label Matrix
Mailable recipients 15
Bypassed recipients 0
Total 15

Banco Popular de Puerto Rico Bankruptcy Department PO Box 366818 San Juan, PR 00936-6818

FIRST BANK
CONSUMER SERVICE CENTER
BANKRUPTCY DIVISION (CODE 248)
PO BOX 9146 SAN JUAN PR 00908-0146

PRESTAMAS

CONSUMER SERVICE CENTER

BANKRUPTCY DIVISION-(CODE 248)

PO BOX 9146 SAN JUAN PR, 00908-0146

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ROBERTO ROMAN VALENTIN US TRUSTEES OFFICE PO BOX 9024003 SAN JUAN, PR 00902-4003